Kansas Department of Health and Environment Bureau of Air and Radiation 1000 SW Jackson, Suite 310, Topeka, Kansas 66612-1366 Phone (785) 296-6422 Fax (785) 291-3953

## CLASS II PERMIT-BY-RULE APPLICATION FORM SOURCES WITH ACTUAL EMISSIONS LESS THAN 50% OF MAJOR SOURCE THRESHOLDS

Sourc	ce ID Nun	nber:					
Sourc	ce/Compar	ny Name:					
Sourc	ce Locatio	n:					
Street	t Address:						
City:		County:		State: K	S	Zip:	
Section	on:	Township	o:	Range:		<del>-</del>	
Maili	ng Addres	ss:					
	City:		State:				Zip:
Corpo	orate/Com	pany Owner:					
Nome	e:						
Corpo	e:						
Corpo Name Maili	e: ng Addres City:	55:	State:				
Corpo Name Maili	ng Addres City:	ss:ing the application	State:				Zip:
Corpo Name Maili Perso Mr/M	e: ng Addres City: on submitts	ing the application	State:	Ph	one: _		Zip:
Corpo Name Maili Perso Mr/M	ng Addres City: on submitts	ing the application	State:	Ph Fax	one: _		Zip:
Corpo Name Maili Perso Mr/M Title: (chec	c: ng Addres City: on submitts Is: k one):	ing the application	State:	Ph Fax ator Address	one: _		_ Zip: Source Address
Corpo Name Maili Perso Mr/M Title: (chec	c: ng Addres City: on submitts Is: k one):	ing the application	State:	Ph Fax ator Address	one: _		_ Zip: Source Address
Corpo Name Maili Perso Mr/M Title: (chec	c: ng Addres City: on submitts fs: k one): r (specify)	ing the application	State:	Ph Fax ator Address	one: _		_ Zip: Source Address
Corpo Name Maili Perso Mr/M Title: (chec Other	ng Addres City: on submitts Is: k one): r (specify) act person	owner Address  for this permit:	State:	Ph Fax ator Address	one: _ ::s		_ Zip: Source Address
Corpo Name Maili Perso Mr/M Title: (chec Other	ng Addres City: on submitts fs: k one): r (specify) act person fs:	owner Address  for this permit:	State:	Ph Fax ator Address	one: _ s		_ Zip: Source Address
Corpo Name Maili Perso Mr/M Title: (chec Other Conta Mr/M Title:	ng Addres City: on submitts fs: k one): r (specify) act person fs:	Owner Address for this permit:	State:	Ph Fax ator Address P P Fa	one: _ ss		_ Zip: Source Address
Corpo Name Maili Perso Mr/M Title: (chec Other Conta Mr/M Title: (chec	ng Addres City: on submitts fs:	Owner Address  Owner Address  Owner Address	State: Oper	Ph Pax ator Address P Pax ator Address Pax	one: _ :: s 'hone: ux: ss		_ Zip: Source Address

## CLASS II PERMIT-BY-RULE APPLICATION FORM

Source ID Number: \_\_\_\_\_ SOURCES WITH ACTUAL EMISSIONS LESS THAN 50% OF MAJOR SOURCE THRESHOLDS

	emission sources that, for reasons other than its potential-to-emit, require the facility to g permit or is the facility a Title IV (acid rain) source?
Yes	If yes, the facility does not qualify for a permit-by-rule under K.A.R 28-19-564. Submit a Class I operating permit application under the provisions of K.A.R. 28-19-500; operating permit applicability or a Class II operating permit application under the provisions of K.A.R. 28-19-540; Class II operating permits applicability, as appropriate.
No	
	tor affirm that actual emissions from the facility operating for every consecutive 12-facility is operated do not exceed 50 percent of the major source threshold under
Yes	
No	If no, the facility does not qualify for a permit-by-rule under K.A.R 28-19-564. Submit a Class I operating permit application under the provisions of K.A.R. 28-19-500; operating permit applicability or a Class II operating permit application under the provisions of K.A.R. 28-19-540; Class II operating permits applicability, as appropriate.
Does the owner or operat on-site for at least two ye	or agree to keep records required by K.A.R. 28-19-564(h) and to maintain the records ears?
Yes	
No	If no, the facility does not qualify for a permit-by-rule under K.A.R 28-19-564. Submit a Class I operating permit application under the provisions of K.A.R. 28-19-500; operating permit applicability or a Class II operating permit application under the provisions of K.A.R. 28-19-540; Class II operating permits applicability, as appropriate.
	ator agree to annually submit to the department by February 15 of each year, a n/summary of the required monthly records that demonstrate compliance with the 50 limitation?
Yes	
No	If no, the facility does not qualify for a permit-by-rule under K.A.R 28-19-564.
e of Responsible Official	Date
Responsible Official	
e of Responsible Official Responsible Official	